

Poster Presentation – Infectious Diseases and Public Health**PP-025** Prevalence of ESBL and AmpC producing strains among Gram-negative isolates at a teaching hospital in Nepal

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We report results of a study to determine the prevalence of extended-spectrum beta-lactamase (ESBL) and AmpC beta-lactamase (AmpC) producing strains among multi-drug resistant (MDR) Gram-negative isolates at a teaching hospital in Nepal. Clinical isolates from patients with lower respiratory tract infection (LRTI) and urinary tract infection (UTI) were tested to detect antibiotic susceptibility, ESBL and AmpC producing following standard methods as described by American Society for Microbiology (ASM) and National Committee for Clinical Laboratory Standard (NCCLS).

Among the 230 sputum samples, 30.9% (71/230) showed clinically significant isolates with 53.5% (38/71) MDR, 22.5% (16/71) ESBL producers, and 8.45% (6/71) AmpC producers. Among 1360 urine samples collected from clinically suspected UTI, 30.8% (419/1360) had significant bacterial growth with 62% (260/419) MDR, 19.1% (80/419) ESBL Producers, and 3.34% (14/419) AmpC producers.

We believed the ESBL production is due to genetic coding present in the chromosomal or in plasmid DNA and AmpC production could be plasmid mediated. However, we need to subject these strains for genetic study in order to acquire genetic make up of these strains and to characterize the mechanism of drug resistance.

PP-026 The microbial agents of infective endocarditis in an Iranian teaching and treating hospital, Tehran, Iran

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In this retrospective study, the incidence and variety of microbial agents which cause Infective Endocarditis in patients was determined.

So, the data were collected by the help of questionnaires and the statistical analyses of Chi Square were done by SPSS software version 15.

The results indicated the involvement of different microbial agents in Infective Endocarditis. The pathogenic microorganisms were respectively: *Staphylococcus aureus*, *Enterococcus* spp., *Brucella* spp., *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, *Staphylococcus* spp., *Acinetobacter* spp., *Streptococcus* spp., Fungi and Viruses.

In conclusion, the association between IE and male gender was significant ($P < 0.05$).

PP-027 Clinical features, diagnostic and treatments aspects of human anthrax in Mongolia

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Background: Recently, in Mongolia registered regular outbreaks of human and animal anthrax.

Aim: To determine the clinical features and difficulties for diagnostic and treatment aspects of human anthrax in Mongolia.

Material and Methods: We were prospectively analysed in last 5 years medical histories, results laboratories tests and treatments methods of 98 patients (male 70) with human anthrax. Ninety six of them cutaneous form of anthrax and 56 of all more 40 years old.

Results: The incubation period was 3.9 ± 1.9 days. Onset of disease was typical progression on skin lesions beginning with pruritic papule, the surrounding edema, the painless black eschar in 85.7% and extensive edema without black eschar was in 8.2%, erysipella like edema and big bullous was in 3.1% of all cases. But some (6.1%) patients were come to doctor 3.6 ± 1.2 days after onset using self treatment on the skin lesions and that made difficulties to early diagnostic. The severity of course was: mild in 32.6%, moderate in 39.7% and severe in 28.6% of all cases. Fatality in 5 (5.1%) cases due to develop bacteremia or extensive edema and gastrointestinal form. Confirmation of diagnosis by microscopy –87.8%, culture 64.3%, serology 5.1%, PCR –18.4%, and bio-probe –9.2%. We have been used antibiotic by antibiotic sensitivity and anthrax immunoglobulin in severe cases.

Conclusion: In last 5 years, peridominantly cutaneous anthrax was occurred mostly in male and over 40 of ages. Course of human anthrax were mild and moderate forms. But some cases (5%) complicated to bacteremia and gastrointestinal anthrax, that lead to death.

PP-028 Clinical and hemodynamics features of gastric varices

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Objective: To investigate the endoscopic feature and hemodynamics of gastric varices (GV) by multi-detector row CT portal angiography (CTPA).

Materials and Methods: 85 patients who were endoscopically diagnosed GV were included, all of them underwent CTPA.

Results: (1) According to Sarin's category of GV, gastroesophageal varices – α (GOV- α) was found in cases 49, it was almost low-grade, in which the left gastric vein was the predominant route to form the varices. Gastrorenal or splenicrenal shunt was found in 8 cases (16.3%). Gastroesophageal varices – α (GOV- α) was found in 17. The degree of GOV- α was different, in which the left gastric vein and the posterior/short gastric vein all contributed to the formation of the varices. Gastrorenal/splenicrenal shunt was found in 8 cases (47.1%). Isolated gastric varices – α (IGV- α) was found in 19. It was severe, in which posterior/short gastric vein were the major route that formed the varices. Gastrorenal/splenicrenal shunt was found in 12 cases (63.2%). bleeding was more common in GOV- α and IGV- α than in GOV- α ($P < 0.05$). The bleeding rate was different between tumorous/nodular and tortuous, tumorous and nodular were higher than tortuous ($P < 0.01$).

Conclusions: 1. Sarin's category and the form of GV are helpful to investigate the degree of gastric varices and predict the possibility of bleeding. 2. Because the